

Lockout / Tag out Form

Format No.:

Location / Area				Date	
Lock /tag Number		Equipment Name		Equipment Isolated	
Procedure No.		Lock box Number		Responsibility Given	
Initials – Operation	Energy Isolation			Individual Lock No.	Lock installed name & Date

Equipment verified by: _____

Maintenance Engineer: _____ Signature & date _____

Operations: _____

Maintenance Completed by: _____ Signature & Date _____

Manager – maintenance Signature: _____